

Customer Details

Credit and Account Application

SECTION 1 – EXISTING SAILIS ACCOUNT INFORMATION – ONLY FOR EXISTING SAILIS ACCOUNT HOLDERS

Account Name: Do you need to update any of your existing Account Details? Yes No If "No" go to Section 3. If "Yes" or you are NOT an existing SAILIS Account Holder, go to Section 2. SECTION 2 — SAILIS / LSSA ACCOUNT INFORMATION Customer Details Borrowing Entity / Partnership / Company Name: ACN: ABN: Trading Name: Trust Name (if applicable): Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Email: Accounts Payable Contact: Type of Business (please select most appropriate): Other (please specify)			
If "No" go to Section 3. If "Yes" or you are NOT an existing SAILIS Account Holder, go to Section 2. SECTION 2 — SAILIS / LSSA ACCOUNT INFORMATION Customer Details Borrowing Entity / Partnership / Company Name: ACN: ABN: Trading Name: Trust Name (if applicable): Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Principal Contact: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Customer Details Borrowing Entity / Partnership / Company Name: ACN: ABN: Trading Name: Trust Name (if applicable): Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Customer Details Borrowing Entity / Partnership / Company Name: ACN: ABN: Trading Name: Trust Name (if applicable): Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Email: Type of Business (please select most appropriate):			
Borrowing Entity / Partnership / Company Name: ACN: ABN: Trading Name: Trust Name (if applicable): Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Principal Contact: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
ACN: ABN: Trading Name: Trust Name (if applicable): Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
ABN: Trading Name: Trust Name (if applicable): Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Trading Name: Trust Name (if applicable): Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Trust Name (if applicable): Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Principal Contact: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Date Business Commenced: Business Address: Postal Address (if different from above): Tel No: Principal Contact: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Business Address: Postal Address (if different from above): Tel No: Principal Contact: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Postal Address (if different from above): Tel No: Principal Contact: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Tel No: Principal Contact: Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Email: Accounts Payable Contact: Type of Business (please select most appropriate):			
Type of Business (please select most appropriate):			
Estimated Monthly Activity Levels (please select relevant amount): Other (please specify)			
Organisation Title First Name Surname Email Address Phone Number			
Administrator 1:			
Administrator 2:			
Administrator 3:			
Administrator 4:			
Organisation Lodging Dealing or Plans – Agent Code Details			
Contact Person: Phone Number:			
Email Address:			

SECTION 3 - CREDIT LIMIT

Credit Limit Requested (only required if greater than \$2,000 inc. GST). Please specify amount:		
Do you currently or have you previously held an LSG account in another name?	Yes	No
If yes, please specify previous/other accounts with Land Services SA:		

By executing and submitting this Credit Application, and by accepting an extension of credit, you agree to abide and be bound by the **Credit Terms and Conditions** of Land Services SA Operating Pty Ltd (ACN 618 229 815) as trustee for the Land Services SA Operating Trust (**LSSA**), as principal and, to the extent that it provides any Goods or Services as delegate or agent of the Crown in Right of the State of South Australia (**State**), a copy of which is available on the internet at www.landservices.com.au/SAILIS or may be requested in writing from LSSA's Customer Support Team at customersupport@landservices.com.au or (08) 8423 5000. You also acknowledge that the Credit Terms and Conditions are incorporated by reference into the terms of contract between you and LSSA. You further agree that this Credit Application form may be executed in any number of counterparts (including counterparts exchanged by email or facsimile) and or by digital or electronic signature and that all counterparts taken together shall comprise this Credit Application form. Where the parties sign this Credit Application form by electronic means, the parties agree that they have each consented to the agreed method of execution and may not subsequently challenge the validity of this Credit Application form on the grounds of consent or effectiveness of the chosen method of execution.

Signature of Applicant/s	Full Name of Signatory (and position, if applicable)	Date

who signs by electronic signature having consented to the use of the chosen electronic signing method intending that his or her electronic signature have the same force and effect as a wet ink witnessed signature.





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